



# Department of Defense INSTRUCTION

NUMBER 6130.4

December 14, 2000

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ASD(HA)

SUBJECT: Criteria and Procedure Requirements for Physical Standards for  
Appointment, Enlistment, or Induction in the Armed Forces

References: (a) [DoD Directive 6130.3](#), "Physical Standards for Appointment,  
Enlistment, or Induction," December 15, 2000  
(b) Title 10, United States Code

## 1. PURPOSE

This Instruction implements reference (a) in accordance with reference (b).

## 2. APPLICABILITY AND SCOPE

2.1. This Instruction applies to the Office of the Secretary of Defense and the Military Departments including the Coast Guard when it is operating with the Navy or otherwise, by agreement with the Secretary of Transportation, and the Merchant Marine Academy by agreement with the Secretary of Commerce.

2.2. The term "Armed Forces," when used herein, refers to the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard.

2.3. This Instruction establishes physical standards, which, if not met, are grounds for rejection for military service. Other standards may be prescribed for a mobilization for a national emergency. The physical standards in enclosure 1 apply to the following:

2.3.1. Applicants for appointment as commissioned or warrant officers in the Active and Reserve components.

2.3.2. Applicants for enlistment in the Armed Forces. For medical conditions or physical defects predating original enlistment, these standards apply to enlistees' first 6 months of active duty.

2.3.3. Applicants for enlistment in the Reserve and federally recognized units or organizations of the National Guard. For medical conditions or physical defects predating original enlistment, these standards apply during the enlistees' initial period of active duty for training until their return to Reserve component units.

2.3.4. Applicants for reenlistment in Regular and Reserve components and federally recognized units or organizations of the National Guard after a period of more than 6 months has elapsed since discharge.

2.3.5. Applicants for the Scholarship or Advanced Course Reserve Officers Training Corps (ROTC), and all other Armed Forces' special officer personnel procurement programs.

2.3.6. Retention of cadets and midshipmen at the United States Armed Forces academies and students enrolled in ROTC scholarship programs.

2.3.7. Individuals on the Temporary Disability Retired List (TDRL) who have been found fit on reevaluation and wish to return to active duty. The prior disabling defect(s) and any other physical defects identified before placement on the TDRL, that shall not have prevented reenlistment, are exempt from this Instruction.

2.3.8. All individuals being inducted into the Armed Forces.

### 3. POLICY

3.1. It is DoD policy under DoD Directive 6130.3 (reference (a)) to utilize the International Classification of Disease (ICD) codes provided herein in all records that pertain to a medical condition that results in a personnel action such as separation or medical waiver. In addition, when a medical condition standard is waived or results in a separation, written clarification of the personnel action should be provided using standard medical terminology.

3.2. The standards in this Instruction shall be for the acquisition of personnel in the programs in subsection 2.3., above.

#### 4. RESPONSIBILITIES

4.1. The Assistant Secretary of Defense for Health Affairs (ASD(HA)), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

4.1.1. Review, approve, and issue technical modifications to the standards in enclosure 1.

4.1.2. Implement the standards in enclosure 1 throughout the DoD Medical Examination Review Board (DoDMERB).

4.1.3. Eliminate inconsistencies and inequities based on race, sex, or examination location in the application of the standards in enclosure 1 by the Armed Forces.

4.2. The Assistant Secretary of Defense for Force Management Policy (ASD(FMP)), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, shall:

4.2.1. Implement the standards in enclosure 1 throughout the U.S. Military Entrance Processing Command (USMEPCOM).

4.2.2. Eliminate inconsistencies and inequities based on race, sex, or examination location in the application of the standards in enclosure 1 by the Armed Forces.

4.3. The Secretaries of the Military Departments shall under the provisions of reference (a):

4.3.1. Ensure uniformity of application and implementation of this Instruction in the Services.

4.3.2. Have authority to grant a waiver of the standards in individual cases for applicable reasons and ensure uniformity of waiver determinations.

4.3.3. Have authority to change Service-specific visual standards (particularly for officer-accession programs) and establish other standards for special programs. Notification of any proposed changes in standards shall be provided to the ASD(HA) at least 60 days before their implementation.

4.3.4. Ensure that accurate ICD codes are assigned to all medical conditions resulting in a personnel action, such as separation, waiver, or assignment limitation, and that such codes are included in all records of such actions.

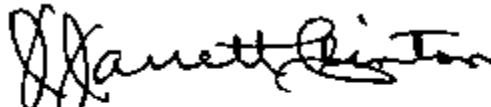
4.3.5. Eliminate inconsistencies and inequities based on race, sex, or examination location in the application of these standards by the Armed Forces.

## 5. PROCEDURES

Procedures and standards for implementations are in enclosure 1

## 6. EFFECTIVE DATE

This Instruction is effective immediately.



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**Acting Assistant Secretary of Defense**  
**(Health Affairs)**

Enclosures - 1

E1. Physical Standards for Appointment, Enlistment, or Induction

E1. ENCLOSURE 1PHYSICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, OR INDUCTION

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## E1. ENCLOSURE 1

### PHYSICAL STANDARDS FOR APPOINTMENT, ENLISTMENT, OR INDUCTION<sup>1</sup>

#### E1.1. ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM

The causes for rejection for appointment, enlistment, or induction are an authenticated history of:

E1.1.1. Esophagus. Ulceration, varices, fistula, achalasia, or other dysmotility disorders; chronic, or recurrent esophagitis if confirmed by x-ray or endoscopic examination (530).

##### E1.1.2. Stomach and Duodenum.

E1.1.2.1. Gastritis. Chronic hypertrophic, or severe (535).

E1.1.2.2. Active ulcer of stomach or duodenum confirmed by x-ray or endoscopy (533).

E1.1.2.3. Congenital abnormalities of the stomach or duodenum causing symptoms or requiring surgical treatment (751), except a history of surgical correction of hypertrophic pyloric stenosis of infancy.

##### E1.1.3. Small and Large Intestine.

E1.1.3.1. Inflammatory Bowel Disease. Regional enteritis (555), ulcerative colitis (556), or ulcerative proctitis (556).

E1.1.3.2. Duodenal Diverticula. That with symptoms or sequelae (hemorrhage or perforation; etc.) (562.02).

E1.1.3.3. Intestinal Malabsorption Syndromes. Including post surgical and idiopathic (579).

E1.1.3.4. Congenital (751). Condition to include Meckel's diverticulum or functional (564) abnormalities, persisting or symptomatic in the past 2 years.

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<sup>1</sup>All numbers in parentheses refer to the ICD codes.

E1.1.4. Gastrointestinal Bleeding. History of such, unless the cause shall have been corrected and is not otherwise disqualifying (578).

E1.1.5. Hepato-Pancreatic-Biliary Tract.

E1.1.5.1. Viral Hepatitis (070) or Unspecified Hepatitis (570). Hepatitis in the preceding 6 months or persistence of symptoms after 6 months, or objective evidence of impairment of liver function, chronic hepatitis, or hepatitis B carriers (070).

E1.1.5.2. Cirrhosis (571), Hepatic Cysts and Abscess (572), and Sequelae of Chronic Liver Disease (572).

E1.1.5.3. Cholecystitis. Acute or chronic, with or without cholelithiasis (574); and other disorders of the gallbladder, including postcholecystectomy syndrome (575), and biliary system (576).

E1.1.5.4. Pancreatitis. Acute (577.0) and chronic (577.1).

E1.1.6. Anorectal.

E1.1.6.1. Anal fissure if persistent, or anal fistula (565).

E1.1.6.2. Anal or rectal polyp (569.0), prolapse (569.1), stricture (569.2), or incontinence (787.6).

E1.1.6.3. Hemorrhoids. Internal or external, when large, symptomatic, or history of bleeding (455).

E1.1.7. Spleen.

E1.1.7.1. Splenomegaly. If persistent (789.2).

E1.1.7.2. Splenectomy (P41.5). Except when accomplished for trauma or conditions unrelated to the spleen, or for hereditary spherocytosis (282.0).

E1.1.8. Abdominal Wall.

E1.1.8.1. Hernia. Including inguinal (550) and other abdominal (553), except for small, or asymptomatic umbilical or hiatal.

E1.1.8.2. History of abdominal surgery during the preceding 60 days (P54).

E1.1.9. Other. Gastrointestinal bypass (P43) or stomach stapling (P44) for control of obesity. Persons with artificial openings (V44).

## E1.2. BLOOD AND BLOOD-FORMING TISSUE DISEASES

The causes for rejection for appointment, enlistment, or induction are an authenticated history of the following:

E1.2.1. Anemia. Any hereditary (282), acquired (283), aplastic (284), or unspecified (285) anemia that has not been permanently corrected with therapy.

E1.2.2. Hemorrhagic Disorders. Any congenital (286) or acquired (287) tendency to bleed due to a platelet or coagulation disorder.

E1.2.3. Leukopenia. Chronic or recurrent (288), based on available norms for ethnic background.

E1.2.4. Immunodeficiency (279).

## E1.3. DENTAL

The causes for rejection for appointment, enlistment, or induction are as follows:

E1.3.1. Diseases of the Jaw or Associated Tissues That Are Not Easily Remediable and Will Incapacitate the Individual or Otherwise Prevent the Satisfactory Performance of Duty. Those diseases include temporomandibular disorders (524.6) and/or myofacial pain dysfunction that is not easily corrected, or has the potential for significant future problems with pain and function.

E1.3.2. Severe Malocclusion (524). That malocclusion which interferes with normal mastication or requires early and protracted treatment; or relationship between mandible and maxilla that prevents satisfactory future prosthodontic replacement.

E1.3.3. Insufficient Natural Healthy Teeth (521) or Lack of a Serviceable Prosthesis. Such condition preventing adequate mastication and incision of a normal diet. That includes complex (multiple fixture) dental implant systems that have associated complications that severely limit assignments and adversely affect performance of worldwide duty. Dental implant systems must be successfully osseointegrated and completed.



E1.3.4. Orthodontic Appliances for Continued Treatment (V53.4), Attached or Removable. Retainer appliances are permissible, if all active orthodontic treatment has been satisfactorily completed.

#### E1.4. EARS

The causes for rejection for appointment, enlistment, or induction are as follows:

E1.4.1. External Ear. Atresia or severe microtia (744), acquired stenosis (380.5), severe chronic or acute otitis externa (380.2), or severe traumatic deformity (738.7).

E1.4.2. Mastoids. Mastoiditis (383), residual of mastoid operation with fistula (383.81), or marked external deformity that prevents or interferes with the wearing of protective mask or helmet (383.3).

E1.4.3. Meniere's Syndrome, or Other Diseases of the Vestibular System (386).

E1.4.4. Middle and Inner Ear. Acute or chronic otitis media (382), cholesteatoma (385.3), or history of any inner (P20) or middle (P19) ear surgery, excluding myringotomy or successful tympanoplasty.

E1.4.5. Tympanic Membrane. Any perforation of the tympanic membrane (384) or surgery to correct perforation during the preceding 120 days (P19).

#### E1.5. HEARING

The cause for rejection for appointment, enlistment, or induction is a hearing threshold level greater than that described in paragraph E1.5.1.3., below (389):

E1.5.1. Audiometric Hearing Levels.

E1.5.1.1. Audiometers calibrated to the International Standards Organization (ISO 1964) or the American National Standards Institute (ANSI 1996) shall be used to test the hearing of all applicants.

E1.5.1.2. All audiometric tracings or audiometric readings recorded on reports of medical examinations or other medical records shall be clearly identified.

E1.5.1.3. Acceptable audiometric hearing levels (both ears) are as follows:

E1.5.1.3.1. Pure tone at 500, 1000, and 2000 cycles per second of not more than 30dB on the average with no individual level greater than 35dB at those frequencies.

E1.5.1.3.2. Pure tone level not more than 45dB at 3000 cycles per second and 55dB at 4000 cycles per second.

## E1.6. ENDOCRINE AND METABOLIC DISORDERS

The causes for rejection for appointment, enlistment, or induction are an authenticated history of the following:

E1.6.1. Adrenal Dysfunction (255). Of any degree.

E1.6.2. Diabetes Mellitus (250). Of any type.

E1.6.3. Glycosuria. Persistent, when associated with impaired glucose tolerance (250) or renal tubular defects (271.4).

E1.6.4. Acromegaly. Gigantism, or other disorder of pituitary function (253).

E1.6.5. Gout (274).

E1.6.6. Hyperinsulinism (251.1.).

E1.6.7. Hyperparathyroidism (252.0) and Hypoparathyroidism (252.1).

E1.6.8. Thyroid Disorders.

E1.6.8.1. Goiter. Persistent or untreated (240).

E1.6.8.2. Hypothyroidism. Condition uncontrolled by medication (244).

E1.6.8.3. Cretinism (243).

E1.6.8.4. Hyperthyroidism (242).

E1.6.8.5. Thyroiditis (245).

E1.6.9. Nutritional Deficiency Diseases. Such diseases include beriberi (265), pellagra (265.2), and scurvy (267).

E1.6.10. Other Endocrine or Metabolic Disorders. Such disorders such as cystic fibrosis (277), porphyria (277.1), and amyloidosis (277.3) that prevent satisfactory performance of duty or require frequent or prolonged treatment.

E1.7. UPPER EXTREMITIES (see also section E1.9., below)

The causes for rejection for appointment, enlistment, or induction are as follows:

E1.7.1. Limitation of Motion. An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed in paragraphs E1.7.1.1. through E1.7.1.5., below. (Methods of measurement appear in U.S. Army Technical Manual (TM) 8-6.)

E1.7.1.1. Shoulder (726.1).

E1.7.1.1.1. Forward elevation to 90 degrees.

E1.7.1.1.2. Abduction to 90 degrees.

E1.7.1.2. Elbow (726.3).

E1.7.1.2.1. Flexion to 100 degrees.

E1.7.1.2.2. Extension to 15 degrees.

E1.7.1.3. Wrist (726.4). A total range of 60 degrees (extension plus flexion), or radial and ulnar deviation combined arc 30 degrees.

E1.7.1.4. Hand (726.4).

E1.7.1.4.1. Pronation to 45 degrees.

E1.7.1.4.2. Supination to 45 degrees.

E1.7.1.5. Fingers and Thumb (726.4). Inability to clench fist, pick up a pin, grasp an object, or touch tips of at least 3 fingers with thumb.

E1.7.2. Hand and Fingers.

E1.7.2.1. Absence of the distal phalanx of either thumb (885).

E1.7.2.2. Absence of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence of little finger (886).

E1.7.2.3. Absence of more than the distal phalanx of any two of the following: index, middle, or ring finger of either hand (886).

E1.7.2.4. Absence of hand or any portion thereof (887), except for fingers as noted in paragraphs E1.7.2.1. and E1.7.2.2., above.

E1.7.2.5. Polydactyly (755).

E1.7.2.6. Scars and deformities of the fingers or hand (905.2) that are symptomatic or impair normal function to such a degree as to interfere with the satisfactory performance of military duty.

E1.7.2.7. Intrinsic paralysis or weakness, including nerve palsy (354) sufficient to produce physical findings in the hand such as muscle atrophy or weakness.

E1.7.3. Wrist, Forearm, Elbow, Arm, and Shoulder. Recovery from disease or injury with residual weakness or symptoms such as to prevent satisfactory performance of duty (905.2), or grip strength of less than 75 percent of predicted normal when injured hand is compared with the normal hand (nondominant is 80 percent of dominant grip).

E1.8. LOWER EXTREMITIES (see also section E1.9., below)

The causes for rejection for appointment, enlistment, or induction are as follows:

E1.8.1. Limitation of Motion. An individual shall be considered unacceptable if the joint ranges of motion are less than the measurements listed in paragraphs E1.8.1.1. through E1.8.1.4., below. (Methods of measurement appear in TM 8-640 and Air Force Instruction 48-123.)

E1.8.1.1. Hip (Due to Disease (726.5) or Injury (905.2)).

E1.8.1.1.1. Flexion to 90 degrees.

E1.8.1.1.2. No demonstrable flexion contracture.

E1.8.1.1.3. Extension to 10 degrees (beyond 0 degrees).

E1.8.1.1.4. Abduction to 45 degrees.

E1.8.1.1.5. Rotation - 60 degrees (internal and external combined).

E1.8.1.2. Knee (Due to Disease (726.6) or Injury (905.4)).

E1.8.1.2.1. Full extension, compared with contralateral.

E1.8.1.2.2. Flexion to 90 degrees.

E1.8.1.3. Ankle (Due to disease (726.7) or injury (905.4)).

E1.8.1.3.1. Dorsiflexion to 10 degrees.

E1.8.1.3.2. Planter flexion to 30 degrees.

E1.8.1.4. Subtalar (Due to Disease (726.7) or Injury (905.4)). Eversion and inversion total to 5 degrees.

E1.8.2. Foot and Ankle.

E1.8.2.1. Absence of One or More Small Toes (895). If function of the foot is poor, or running or jumping is prevented; absence of a foot (896) or any portion except for toes.

E1.8.2.2. Absence of Great Toe (895). Loss of dorsal and/or planter flexion if function of the foot is impaired (905.4).

E1.8.2.3. Deformities of the Toes. Either acquired (735) or congenital (755.66), including polydactyly (755.02), that prevents the wearing of military footwear, or impairs walking, marching, running, or jumping. That includes hallux valgus (735).

E1.8.2.4. Clubfoot and/or Pes Cavus (754.5). If stiffness or deformity prevents foot function or wearing military footwear.

E1.8.2.5. Symptomatic Pes Planus. Acquired (734) or congenital (754.6) or pronounced cases with absence of subtalar motion.

E1.8.2.6. Ingrown Toenails (703). If severe.

E1.8.2.7. Plantar Fasciitis (728.7). If persistent.

E1.8.2.8. Neuroma (355.6). Confirmed condition and refractory to medical treatment, or will impair function of the foot.

E1.8.3. Leg, Knee, Thigh, and Hip.

E1.8.3.1. Loose or Foreign Bodies in the Knee Joint (717.6).

E1.8.3.2. Physical Findings of an Unstable or Internally Deranged Joint (717.9). History of uncorrected anterior (717.83) or posterior (717.84) cruciate ligament injury.

E1.8.3.3. Surgical correction of any knee ligaments (P81), if symptomatic or unstable.

E1.8.3.4. History of Congenital Dislocation of the Hip (754.3). Osteochondritis of the hip (Legg-Perthes Disease) (732.1), or slipped femoral epiphysis of the hip (732.2).

E1.8.3.5. Hip Dislocation (835). Dislocation within 2 years before examination.

E1.8.3.6. Osteochondritis of the tibial Tuberosity (Osgood-Schlatter Disease) (732.4). If symptomatic.

E1.8.4. General.

E1.8.4.1. Deformities (905.4), disease, or chronic pain (719.4) of one or both lower extremities that have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life; or that would interfere with walking, running, weight bearing, or the satisfactory completion of training or military duty.

E1.8.4.2. Shortening of a lower extremity (736.81), resulting in a noticeable limp or scoliosis.

E1.9. MISCELLANEOUS CONDITIONS OF THE EXTREMITIES

(see also sections E1.7. and E1.8., above)

E1.9.1. Arthritis.

E1.9.1.1. Active, subacute, or chronic arthritis (716).

E1.9.1.2. Chronic osteoarthritis (715.3) or traumatic arthritis (716.1) of isolated joints of more than a minimal degree that has interfered with the following of a physically active vocation in civilian life or that prevents the satisfactory performance of military duty.

E1.9.2. Chronic Retropatellar Knee Pain Syndrome with or without confirmatory arthroscopic evaluation (717.7).

E1.9.3. Dislocation if Unreduced, or Recurrent Dislocations of Any Major Joint. Such as, shoulder (831), hip (835), elbow (832), knee (836); or instability of any major joint (shoulder (718.1), elbow (718.3), or hip (718.5)).

E1.9.4. Fractures.

E1.9.4.1. Malunion or Non-union of Any Fracture (733.8). Except ulnar styloid process.

E1.9.4.2. Orthopedic Hardware (733.99). Hardware including plates, pins, rods, wires, or screws used for fixation and left in place; except that a pin, wire, or screw not subject to easy trauma is not disqualifying.

E1.9.5. Injury of Bone or Joint. An injury of more than a minor nature, with or without fracture or dislocation, which occurred in the preceding 6 weeks (upper extremity (923), lower extremity (924), or ribs and clavicle (922)).

E1.9.6. Joint Replacement (V43.6).

E1.9.7. Muscular Paralysis, Contracture, or Atrophy (728). If progressive or of sufficient degree to interfere with military service, and muscular dystrophies (359).

E1.9.8. Osteochondritis Dissecans (732.7).

E1.9.9. Osteochondromatosis or Multiple Cartilaginous Exostoses (727.82).

E1.9.10. Osteoporosis (733).

E1.9.11. Osteomyelitis (730). Active or recurrent.

E1.9.12. Scars (709.2). Extensive, deep, or adherent to the skin and soft tissues that interfere with muscular movements.

E1.9.13. Implants. Silastic or other devices implanted to correct orthopedic abnormalities (V43).

## E1.10. EYES

The causes for rejection for appointment, enlistment, or induction are as follows:

### E1.10.1. Lids.

E1.10.1.1. Blepharitis (373). Chronic condition, of more than a mild degree.

E1.10.1.2. Blepharospasm (333.81).

E1.10.1.3. Dacryocystitis. Acute or chronic condition (375.3).

E1.10.1.4. Deformity of the Lids (374.4). Complete or extensive lid deformity, sufficient to interfere with vision or impair protection of the eye from exposure.

### E1.10.2. Conjunctiva.

E1.10.2.1. Conjunctivitis. Chronic condition (372.1), including trachoma (076), and allergic conjunctivitis (372.13).

E1.10.2.2. Pterygium (372.4). If condition encroaching on the cornea in excess of 3 millimeters, interfering with vision, progressive (372.42) or recurring after two operative procedures (372.45).

E1.10.2.3. Xerophthalmia (372.53).



E1.10.3. Cornea.

E1.10.3.1. Dystrophy. Corneal dystrophy, of any type (371.5), including keratoconus (371.6) of any degree.

E1.10.3.2. Keratorefractive Surgery. History of lamellar (P11.7) and/or penetrating keratoplasty (P11.6). Laser surgery or appliance utilized to reconfigure the cornea is also disqualifying.

E1.10.3.3. Keratitis (370). Acute or chronic keratitis, which includes recurrent corneal ulcers, erosions (abrasions), or herpetic ulcers (054.42).

E1.10.3.4. Vascularization (370.6) or Opacification (371) of the Cornea. Condition from any cause that is progressive or reduces vision below the standards prescribed in section E1.11., below.

E1.10.4. Uveitis (364) or Iridocyclitis.

E1.10.5. Retina.

E1.10.5.1. Angiomatosis (759.6). Or other congenitohereditary retinal dystrophy (362.7) that impairs visual function.

E1.10.5.2. Chorioretinitis (363). Unless single episode that has healed and does not interfere with vision.

E1.10.5.3. Congenital or degenerative changes of any part of the retina (362).

E1.10.5.4. Detachment of the Retina (361). A history of surgery for same, or peripheral retinal injury or degeneration that may cause retinal detachment.

E1.10.5.5. Chorioretinitis or inflammation of the Retina (363). Condition including histoplasmosis, toxoplasmosis, or vascular conditions of the eye to include Coats' Disease, Eales' Disease, and retinitis proliferans, unless a single episode of known cause that has healed and does not interfere with vision.

E1.10.6. Optic Nerve.

E1.10.6.1. Optic neuritis (377.3). Neuroretinitis, secondary optic atrophy, or documented history of attacks of retrobulbar neuritis.

E1.10.6.2. Optic Atrophy (377.1) or Cortical Blindness (377.7).

E1.10.6.3. Papilledema (377.0).

E1.10.7. Lens.

E1.10.7.1. Aphakia (379.3). Lens implant, or dislocation of a lens.

E1.10.7.2. Opacities of the Lens (366). Those conditions that interfere with vision or that are considered to be progressive.

E1.10.8. Ocular Mobility and Motility.

E1.10.8.1. Diplopia (368.2). Documented, constant, or intermittent.

E1.10.8.2. Nystagmus (379.5).

E1.10.8.3. Strabismus (378). Uncorrectable by lenses to less than 40 diopters or accompanied by diplopia.

E1.10.8.4. Strabismus. Corrective surgery (P15) in the preceding 6 months.

E1.10.8.5. For entrance into Service academies and ROTC programs, additional requirements relating to esotropia and hypertropia may be set by the individual Military Services.

E1.10.9. Miscellaneous Defects and Diseases.

E1.10.9.1. Abnormal Visual Fields Due to Diseases of the Eye or Central Nervous System (368.4), or Trauma (368.9). Meridian-specific visual field minimums are as follows:

E1.10.9.1.1. Temporal 85°

E1.10.9.1.2. Superior-Temporal 55°

E1.10.9.1.3. Superior 45°

E1.10.9.1.4. Superior Nasal 55°

E1.10.9.1.5. Nasal 60°

E1.10.9.1.6. Inferior Nasal 50°

E1.10.9.1.7. Inferior 65°

E1.10.9.1.8. Inferior Temporal 85°

E1.10.9.2. Absence of an Eye. Congenital (743) or acquired (360.8).

E1.10.9.3. Asthenopia (368.13). Severe.

E1.10.9.4. Exophthalmos (376). Unilateral or bilateral, non-familial.

E1.10.9.5. Glaucoma (365). Primary, secondary, pre-glaucoma as evidenced by intraocular pressure above 21 mmHg, or the secondary changes in the optic disc or visual field loss associated with glaucoma.

E1.10.9.6. Loss of normal pupillary reflex, reactions to accommodation (367.5) or light (379.4), including Adie's Syndrome.

E1.10.9.7. Night Blindness (368.6).

E1.10.9.8. Retained Introcular Foreign Body (360).

E1.10.9.9. Tumors. Growths or tumors of the eyelid, other than small basal cell tumors that may be cured by treatment, and small nonprogressive asymptomatic benign lesions.

E1.10.9.10. Any organic disease of the eye (360) or adnexa (376), not specified in paragraphs E1.10.9.1. through E1.10.9.9., above, which threatens vision or visual function.

## E1.11. VISION

The causes of medical rejection for appointment, enlistment, or induction are listed in subsections E1.11.1. through E1.11.5., below. (For entrance into Service academies and ROTC programs, additional requirements on vision may be set by the individual Military Services. Special administrative criteria for assignment to certain specialties shall be published by the Military Services.)

E1.11.1. Distant Visual Acuity of Any Degree that Does Not Correct with Spectacle Lenses to at Least One of the Following (367):

E1.11.1.1. 20/40 in one eye and 20/70 in the other eye.

E1.11.1.2. 20/30 in one eye and 20/100 in the other eye.

E1.11.1.3. 20/20 in one eye and 20/400 in the other eye.

E1.11.2. Near Visual Acuity of Any Degree that Does Not Correct to 20/40 in the Better Eye (367):

E1.11.3. Refractive Error (Hyperopia 367.0, Myopia 367.1, Astigmatism 367.2). Any refractive error in spherical equivalent of worse than -8.00 or +8.00 diopters; if ordinary spectacles cause discomfort by reason of ghost images or prismatic displacement; or if corrected by orthokeratology or keratorefractive surgery.

E1.11.4. Contact Lenses. Complicated cases requiring contact lenses for adequate correction of vision, such as corneal scars (371) and irregular astigmatism (367.2).

E1.11.5. Color Vision (368.5). Although there is no standard, color vision shall be tested since adequate color vision is a prerequisite for entry into many military specialties. For entrance into Service academies and ROTC programs, color vision requirements may be set by the individual Services.

E1.12. FEMALE GENITALIA

The causes for rejection for appointment, enlistment, or induction are as follows:

E1.12.1. Abnormal Uterine Bleeding (626.2). Including such bleeding as menorrhagia, metrorrhagia, or polymenorrhea.

E1.12.2. Amenorrhea (626.0). Unexplained.

E1.12.3. Dysmenorrhea (625.3). Incapacitating to a degree recurrently necessitating absences of more than a few hours from routine activities.

E1.12.4. Endometriosis (617).

E1.12.5. Hermaphroditism (752.7).

E1.12.6. Menopausal Syndrome (627). If manifested by more than mild constitutional or mental symptoms, or artificial menopause less than a 1-year duration.

E1.12.7. Ovarian Cysts (620). Persistent or clinically significant.

E1.12.8. Pelvic Inflammatory disease (614). Acute or chronic.

E1.12.9. Pregnancy (V22).

E1.12.10. Uterus. Congenital absence of (752.3) or enlargement due to any cause (621.2).

E1.12.11. Vulvar or Vagina Ulceration (616.5). Including herpes genitalis (054.11) and condyloma acuminatum (078.11): acute or chronic, not amenable to treatment. Such treatment must be given and demonstrated effective prior to accession.

E1.12.12. Abnormal Pap Smear (795). Graded LGSIL or higher severity; or any smear in which the descriptive terms carcinoma-in-situ, invasive cancer, condyloma accuminatum, human papilloma virus, or dysplasia are used.

E1.12.13. Major abnormalities and Defects of the Genitalia, Such as a Change of Sex (P64.5). A history thereof, or dysfunctional residuals from surgical correction of these conditions.

### E1.13. MALE GENITALIA

The causes of medical rejection for appointment, enlistment, or induction are:

E1.13.1. Absence of Both Testicles. Congenital (752.8) or acquired (878.2), or unexplained absence of a testicle.

E1.13.2. Epispadias or Hypospadias (752.6). When accompanied by evidence of infection of the urinary tract, or if clothing is soiled when voiding.

E1.13.3. Undiagnosed Enlargement or Mass of Testicle or Epididymis (608.9).

E1.13.4. Undescended Testicle(s) (752.5).

E1.13.5. Orchitis (604). Acute, or chronic epididymitis.

E1.13.6. Penis. Amputation of (878), if the resulting stump is insufficient to permit micturition in a normal manner.

E1.13.7. Penile Infectious Lesions. Including herpes genitalis (054.1) and condyloma acuminatum (078.11): acute or chronic, not amenable to treatment. Such treatment must be given and demonstrated effective prior to accession.

E1.13.8. Prostatitis (601). Acute or chronic condition.

E1.13.9. Hydrocele (603.9). Left varicocele (if painful), or any right varicocele (456.4).

E1.13.10. Major Abnormalities and Defects of the Genitalia, Such as a Change of Sex. (P64.5). A history thereof, or dysfunctional residuals from surgical correction of these conditions.

#### E1.14. URINARY SYSTEM

The causes for rejection for appointment, enlistment, or induction are:

E1.14.1. Cystitis (595).

E1.14.2. Urethritis (597).

E1.14.3. Enuresis (788.3) or Incontinence of Urine Beyond Age 12 (788.3). (See also subsection E1.28.3., below).

E1.14.4. Hematuria, Pyuria, or Other Findings Indicative of Urinary Tract Disease (599).

E1.14.5. Urethral Stricture (598) or Fistula (599.1).

E1.14.6. Kidney.

E1.14.6.1. Absence of One Kidney. Congenital (753.0) or acquired (593.89).

E1.14.6.2. Infections. Acute or chronic infections (590).

E1.14.6.3. Polycystic Kidney (753.1). Confirmed history of such a condition.

E1.14.6.4. Horseshoe Kidney (753.3).

E1.14.6.5. Hydronephrosis (591).

E1.14.6.6. Nephritis. Acute (580) or chronic (582).

E1.14.6.7. Proteinuria (791). Under normal activity (at least 48 hours after strenuous exercise) greater than 200 mg /24 hours, or a protein to creatinine ratio greater than 0.2 in a random urine sample, unless nephrologic consultation determines the condition to be benign orthostatic proteinuria.

E1.14.6.8. Renal Calculus (592). Within the previous 12 months, recurrent calculus, nephrocalcinosis, or bilateral renal calculi at any time.

## E1.15. HEAD

The causes for rejection for appointment, enlistment, or induction are:

E1.15.1. Injuries. Including severe contusions and other wounds of the scalp (920) and cerebral concussion (850), until a period of 3 months has elapsed. (See section E1.25., below.)

E1.15.2. Deformities of the Skull, Face, or Jaw (754.0). Such deformities of a degree that will prevent the individual from wearing a protective mask or military headgear.

E1.15.3. Defects (756.0). Loss, or congenital absence of the bony substance of the skull not successfully corrected by reconstructive materials, or leaving residual defect in excess of one square inch (6.45cm<sup>2</sup>) or the size of a 25-cent piece.

## E1.16. NECK

The causes for rejection for appointment, enlistment, or induction are:

E1.16.1. Cervical Ribs (756.2). If symptomatic, or so obvious that they are found on routine physical examination. (Detection based primarily on x-rays is not considered to meet that criterion.)

E1.16.2. Congenital Cysts (744.4). Those cysts of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

E1.16.3. Contraction (723.8). Contraction of the muscles of the neck, spastic or non-spastic, or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment, or is so disfiguring as to impair military bearing.

## E1.17. HEART

The causes for rejection for appointment, enlistment, or induction are:

E1.17.1. All Valvular Heart Diseases. Congenital (746) or acquired (394), including those improved by surgery, except mitral valve prolapse and bicuspid aortic valve. Those latter two conditions are not reasons for rejection unless there is associated tachyarrhythmia, mitral regurgitation, aortic stenosis, insufficiency, or cardiomegaly.

E1.17.2. Coronary Heart Disease (410).

E1.17.3. Symptomatic Arrhythmia (or Electrocardiographic Evidence of Arrhythmia). A history of such condition.

E1.17.3.1. Supraventricular Tachycardia (427.0). Or any dysrhythmia originating from the atrium or sinoatrial node, such as atrial flutter, and atrial fibrillation unless there has been no recurrence during the preceding 2 years while off all medications. Premature atrial or ventricular contractions are disqualifying when sufficiently symptomatic to require treatment or result in physical or psychological impairment.



E1.17.3.2. Ventricular Arrhythmias (427.1). Those arrhythmias including ventricular fibrillation, tachycardia, and multifocal premature ventricular contractions. Occasional asymptomatic premature ventricular contractions are not disqualifying.

E1.17.3.3. Ventricular Conduction Disorders. Such disorders with left bundle branch block (426.2), Mobitz type II second degree AV block (426.12), third degree AV block (426.0). Wolff-Parkinson-White syndrome (426.7) and Lown-Ganong-Levine Syndrome (426.81) associated with an arrhythmia are also disqualifying.

E1.17.3.4. Conduction Disturbances. Conduction disturbances such as first degree AV block (426.11), left anterior hemiblock (426.2), right bundle branch block (426.4) or Mobitz type I second degree AV block (426.13) are disqualifying when symptomatic or associated with underlying cardiovascular disease.

E1.17.4. Hypertrophy or Dilatation of the Heart (429.3).

E1.17.5. Cardiomyopathy (425). Including myocarditis (422), or history of congestive heart failure (428) even though currently compensated.

E1.17.6. Pericarditis (420).

E1.17.7. Persistent Tachycardia (785) (Resting Pulse Rate of 100 or Greater).

E1.17.8. Congenital Anomalies of Heart and Great Vessels (746). Except for corrected patent ductus arteriosus.

## E1.18. VASCULAR SYSTEM

The causes for rejection for appointment, enlistment, or induction are:

E1.18.1. Abnormalities of the Arteries and Blood Vessels (447). Abnormalities including aneurysms (442) even if repaired, atherosclerosis (440), and arteritis (446).

E1.18.2. Hypertensive Vascular Disease (401). Such disease evidenced by the average of three consecutive diastolic blood pressure measurements greater than 90 mmHg or three consecutive systolic pressures greater than 140 mmHg. High blood pressure requiring medication or a history of treatment including dietary restriction.

E1.18.3. Pulmonary (415) or Systemic Embolization (444).

E1.18.4. Peripheral Vascular Disease. Including diseases such as Raynaud's Phenomenon (443).

E1.18.5. Vein Diseases. Vein diseases including recurrent thrombophlebitis (451), thrombophlebitis during the preceding year, or any evidence of venous incompetence, such as large or symptomatic varicose veins, edema, or skin ulceration (454).

E1.19. HEIGHT

The causes for rejection for appointment, enlistment, or induction shall be established by the Military Services.

E1.20. WEIGHT

The causes for rejection for appointment, enlistment, or induction shall be established by the Military Services. Body composition measurements may be used as the final determinant in evaluating an applicant's acceptability.

E1.21. BODY BUILD

The cause for rejection for appointment, enlistment, or induction is deficient muscular development that will interfere with the completion of required training.

E1.22. LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM

The causes for rejection for appointment, enlistment, or induction are:

E1.22.1. Abnormal Elevation of the Diaphragm (793.2). Such elevation may be either side.

E1.22.2. Abscess of the Lung (513).

E1.22.3. Acute Infectious Processes of the Lung (518). Until cured.

E1.22.4. Asthma (493). Including reactive airway disease, exercise induced bronchospasm or asthmatic bronchitis, reliably diagnosed at any age. Reliable diagnostic criteria shall consist of any of the following elements:

E1.22.4.1. Substantiated history of cough, wheeze, and/or dyspnea which persists or recurs over a prolonged period of time, generally more than 6 months.

E1.22.4.2. If the diagnosis of asthma is in doubt, a test for reversible airflow obstruction (greater than a 15 percent increase in FEV I following administration of an inhaled bronchodilator), or airway hyperreactivity (exaggerated decrease in airflow induced by a standard bronchoprovocational challenge such as methacholine inhalation or a demonstration of exercise-induced bronchospasms) must be performed.

E1.22.5. Bronchitis (490). That which is chronic, symptoms over 3 months occurring at least twice a year.

E1.22.6. Bronchiectasis (494).

E1.22.7. Bronchopleural Fistula (510).

E1.22.8. Bullous or Generalized Pulmonary Emphysema (492).

E1.22.9. Chronic Mycotic Diseases (117) of the Lung. Such diseases including coccidioidomycosis.

E1.22.10. Chest Wall Malformation (754) or Fracture (807). Those conditions that interfere with vigorous physical exertion.

E1.22.11. Empyema (510). That condition includes residual pleural effusion (511.9), or unhealed sinuses of chest wall (510).

E1.22.12. Extensive Pulmonary Fibrosis (515).

E1.22.13. Foreign Body in Lung, Trachea, or Brochus (934).

E1.22.14. Lobectomy. With residual pulmonary disease or removal of more than one lobe (P32.4).

E1.22.15. Pleurisy with Effusion (511.9). That condition occurring within the previous 2 years if known origin, or unknown origin.

E1.22.16. Pneumothorax (512). That condition occurring during the year preceding examination if due to simple trauma or surgery, during the 3 years preceding examination from spontaneous origin. Recurrent spontaneous pneumothorax after surgical correction or pleural sclerosis.

E1.22.17. Sarcoidosis (135). (See subsection E1.33.10., below).

E1.22.18. Silicone Breast Implants. Those encapsulated (85.53P), if less than 9 months since surgery or with symptomatic complications.

E1.22.19. Tuberculous Lesions. (See subsection E1.33.12., below).

## E1.23. MOUTH

The causes for rejection for appointment, enlistment, or induction are:

E1.23.1. Cleft Lip or Palate Defects (749). Unless satisfactorily repaired by surgery.

E1.23.2. Leukoplakia (528.6).

## E1.24. NOSE, SINUSES, AND LARYNX

The causes for rejection for appointment, enlistment, or induction are:

E1.24.1. Allergic Manifestations.

E1.24.1.1. Allergic or Vasomotor Rhinitis (477). If moderate or severe and not controlled by oral medications, desensitization, or topical corticosteroid medication.

E1.24.1.2. Atrophic Rhinitis (472).

E1.24.2. Vocal Cord Paralysis (478.3). Or, symptomatic disease of the larynx (478.7).

E1.24.3. Anosmia or Parosmia (352).

E1.24.4. Epistaxis (784.7). Recurrent condition.

E1.24.5. Nasal Polyps (471). Unless surgery was performed at least 1 year before examination.

E1.24.6. Perforation of Nasal Septum (478. 1). If symptomatic or progressive.

E1.24.7. Sinusitis (461). Acute.

E1.24.8. Sinusitis Chronic (473). Such condition exists when evidenced by chronic purulent nasal discharge, hyperplastic changes of the nasal tissue, symptoms requiring frequent medical attention, or x-ray findings.

E1.24.9. Larynx Ulceration, Polyps or Granulation Tissue, or Chronic Laryngitis (476).

E1.24.10. Tracheostomy (V44), or Tracheal Fistula (530.84).

E1.24.11. Deformities or Conditions (750.9). Those of the mouth, tongue, palate throat, pharynx, larynx, and nose that interfere with chewing, swallowing, speech, or breathing.

E1.24.12. Pharyngitis (462) and Nasopharyngitis (472.2). Chronic conditions.

## E1.25. NEUROLOGICAL DISORDERS

The causes for rejection for appointment, enlistment, or induction are:

E1.25.1. Cerebrovascular Conditions. Any history of subarachnoid (430) or intracerebral (431) hemorrhage, vascular insufficiency, aneurysm or arteriovenous malformation (437).

E1.25.2. Congenital Malformations (742). If associated with neurological manifestations, or if known to be progressive; meningocele (741), even if uncomplicated.

E1.25.3. Degenerative and Hereditodegenerative Disorders. Those disorders affecting the cerebrum (330), basal ganglia (333), cerebellum (334), spinal cord (335), and peripheral nerves or muscles (337).

E1.25.4. Recurrent Headaches (784). Headaches of all types of sufficient severity or frequency as to interfere with normal function in the past 3 years.

E1.25.5. Head Injury (854).

E1.25.5.1. Applicants with a history of head injury with:

E1.25.5.1.1. Late Post-Traumatic Epilepsy (Occurrings, More Than 1 Week After Injury).

E1.25.5.1.2. Permanent Motor or Sensory Deficits.

E1.25.5.1.3. Impairment of Intellectual Function.

E1.25.5.1.4. Alternation of Personality.

E1.25.5.1.5. Central Nervous System Shunt.

E1.25.5.2. Applicants with a history of severe closed head injury are unfit for a period of at least 5 years after the injury. After 5 years they may be considered fit if complete neurological and neuropsychological evaluation shows no residual dysfunction or complications. Applicants with a history of severe penetrating head injury are unfit for a period of at least 10 years after the injury. After 10 years they may be considered fit if complete neurological and neuropsychological evaluation shows no residual dysfunction or complications. Severe head injuries are defined by one or more of the following:

E1.25.5.2.1. Unconsciousness or Amnesia. Conditions, alone or in combination, of 24-hours duration or longer.

E1.25.5.2.2. Depressed Skull Fracture.

E1.25.5.2.3. Laceration or Contusion of Dura or Brain.

E1.25.5.2.4. Epidural, Subdural, Subarachnoid, or Intracerebral Hematoma.

E1.25.5.2.5. Associated Abscess or Meningitis.

E1.25.5.2.6. Cerebrospinal Fluid Rhinorrhea or Otorrhea Persisting More Than 7 Days.

E1.25.5.2.7. Focal Neurologic Signs.

E1.25.5.2.8. Radiographic Evidence of Retained Metallic or Bony Fragments.

E1.25.5.2.9. Leptomeningeal Cysts or Arteriovenous Fistula.

E1.25.5.2.10. Early Post-Traumatic Seizure(s) Occurring Within 1 Week of Injury But More Than 30 Minutes After Injury.

E1.25.5.3. Applicants With a History of Moderate Head Injury. Those applicants are unfit for a period of at least 2 years after the injury. After 2 years they may be considered fit if complete neurological evaluation shows no residual dysfunction or complications. Moderate head injuries are defined as unconsciousness or amnesia, alone or in combination, of 1 - to 24-hours duration, or linear skull fracture.

E1.25.5.4. Applicants with a History of Mild Head Injury. Those applicants with mild head injuries, as defined by a period of unconsciousness or amnesia, alone or in combination, of 1 hour or less, are unfit for at least 1 month after the injury. After 1 month, they may be acceptable if complete neurological evaluation shows no residual dysfunction or complications.

E1.25.5.5. Persistent Post-Traumatic Seizure. Such conditions, as manifested by headache, vomiting, disorientation, spatial disequilibrium, personality changes, impaired memory, poor mental concentration, shortened attention span, dizziness, altered sleep patterns, or any findings consistent with Organic Brain Syndrome, are disqualifying until full recovery has been confirmed by complete neurological and neuropsychological evaluation.

E1.25.6. Infectious Diseases.

E1.25.6.1. Meningitis (322), Encephalitis (323), or Poliomyelitis (045). Such diseases occurring within 1 year before examination, or if there are residual neurological defects.

E1.25.6.2. Neurosyphilis (094). That disease of any form, general paresis, tabes dorsalis, or meningovascular syphilis.

E1.25.8. Narcolepsy (347), Sleep Apnea Syndrome (780.57).

E1.25.8. Paralysis, Weakness, Lack of Coordination, Chronic Pain, or Sensory Disturbance (344).

E1.25.9. Epilepsy (345). That epilepsy occurring beyond the age of 5 unless the applicant has been free of seizures for a period of 5 years while taking no medication for seizure control, and has a normal electroencephalogram (EEG). All such applicants shall have a current neurology consultation with current EEG results. EEG may be requested by reviewing authority.

E1.25.10. Chronic Disorders. Disorders such as myasthenia gravis (358), and multiple sclerosis (340).

E1.25.11. Central Nervous System Shunts of All Kinds (V45.2)

#### E1.26. DISORDERS WITH PSYCHOTIC FEATURES

The causes for rejection for appointment, enlistment, or induction are a history of disorders with psychotic features (295).

#### E1.27. NEUROTIC, ANXIETY, MOOD, SOMATOFORM, DISSOCIATIVE, OR FACTITIOUS DISORDERS (300).

The causes for rejection for appointment, enlistment, or induction are a history of such disorders resulting in any or all of the below:

E1.27.1. Admission to a hospital or residential facility.

E1.27.2. Care by a physician or other mental health professional for more than 6 months.

E1.27.3. Symptoms or behavior of a repeated nature that impaired social, school, or work efficiency.

#### E1.28. PERSONALITY, CONDUCT, AND BEHAVIOR DISORDERS

The causes for rejection for appointment, enlistment, or induction are a history of such disorders resulting in any or all of the below:

E1.28.1. Personality (301), Conduct (312), or Behavior (313) Disorders. Disorders as evidenced by frequent encounters with law enforcement agencies,



antisocial attitudes or behavior that, while not sufficient cause for administrative rejection, are tangible evidence of impaired capacity to adapt to military service.

E1.28.2. Personality (301), Conduct (312), or Behavior (313) Disorders. Where it is evident by history, interview, or psychological testing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will seriously interfere with adjustment in the Armed Forces as demonstrated by repeated inability to maintain reasonable adjustment in school, with employers and fellow workers, and other social groups.

E1.28.3. Other Behavior Disorders Including, But Not Limited To, Conditions Such as the Following:

E1.28.3.1. Authenticated evidence of functional enuresis (307.6) or encopresis (307.7).

E1.28.3.2. Sleepwalking (307.6).

E1.28.3.3. Eating disorders that are habitual or persistent (307.1 or 307.5) occurring beyond age 12.

E1.28.3.4. Stammering (307.0) of such a degree that the individual is often unable to express himself or herself clearly, or to repeat commands.

E1.28.4. Specific Academic Skills Defects. Chronic history of academic skills (314) or perceptual defects (315), secondary to organic or functional mental disorders that interfere with work or school after age 12. Current use of medication to improve or maintain academic skills.

E1.28.5. Suicide. History of attempted or suicidal behavior (300.9).

## E1.29. PSYCHOSEXUAL CONDITIONS

The causes for rejection for appointment, enlistment, or induction are transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias (302).

### E1.30. SUBSTANCE MISUSE

The causes for rejection for appointment, enlistment, or induction are:

E1.30.1. Alcohol Dependence (303).

E1.30.2. Drug Dependence (304).

E1.30.3. Non-dependent Use of Drugs Characterized by the Following:

E1.30.3.1. The evidence of use of any controlled, hallucinogenic, or other intoxicating substances at time of the examination (305), when the use cannot be accounted for as the result of a prescription by a physician.

E1.30.3.2. Documented misuse or abuse of any controlled substance (including cannabinoids or anabolic steroids) requiring professional care (305).

E1.30.3.3. The repeated self-procurement and self-administration of any drug or chemical substance, including cannabinoids or anabolic steroids, with such frequency that it appears that the applicant has accepted the use of or reliance on those substances as part of his or her pattern of behavior (305).

E1.30.3.4. The use of LSD (305.3) in a 2-year period before the examination.

E1.30.4. Alcohol Abuse (305). Use of alcoholic beverages that leads to misconduct, unacceptable social behavior, poor work or academic performance, impaired physical or mental health, lack of financial responsibility, or a disrupted personal relationship.

### E1.31. SKIN AND CELLULAR TISSUES

The causes for rejection for appointment, enlistment, or induction are:

E1.31.1. Acne (706). Severe acne, or when extensive involvement of the neck, shoulders, chest, or back will be aggravated by or interfere with the wearing of military equipment and not amenable to treatment. Patients under treatment with isotretinoin (Accutane) are medically unacceptable until 8 weeks after completion of a course of therapy.

E1.31.2. Atopic Dermatitis (691) or Eczema (692). Occurring with active or residual lesions in characteristic areas (face, neck, scalp, antecubital and/or popliteal fossae, occasionally wrists and hands), or documented history thereof after the age of 8.

E1.31.3. Contact Dermatitis (692.4). Dermatitis especially involving rubber or other materials used in any type of required protective equipment.

E1.31.4. Cysts.

E1.31.4.1. Cysts (706.2), Other Than Pilonidal. Cysts of such a size or location as to interfere with the normal wearing of military equipment.

E1.31.4.2. Cysts Pilonidal (685). Cysts evidenced by the presence of a tumor mass or a discharging sinus. History of pilonidal cystectomy in 6 months before examination.

E1.31.5. Dermatitis Factitia (698.4).

E1.31.6. Bullous Dermatoses (694). Conditions such as dermatitis herpetiformis, pemphigus, and epidermolysis bullosa.

E1.31.7. Chronic Lymphedema (457).

E1.31.8. Fungus Infections (117). Systemic or superficial types, if extensive and not amenable to treatment.

E1.31.9. Furunculosis (680). Extensive, recurrent, or chronic condition.

E1.31.10. Hyperhidrosis of Hands or Feet (780.8). Chronic or severe condition.

E1.31.11. Ichthyosis. Or other congenital (757) or acquired (216) anomalies of the skin, such as nevi or vascular tumors that interfere with function or are exposed to constant irritation.

E1.31.12. Keloid Formation (701-4). If that tendency is marked or interferes with the wearing of military equipment.

E1.31.13. Leprosy (030.9).

E1.31.14. Lichen Planus (697.0).

E1.31.15. Neurofibromatosis (Von Recklinghausen's Disease) (237.7).

E1.31.16. Photosensitivity (692.72). Any primary sun-sensitive condition, such as polymorphous light eruption or solar urticaria; any dermatosis aggravated by sunlight such as lupus erythematosus.

E1.31.17. Psoriasis (696.1). Unless mild by degree, not involving nail-pitting, and not interfering with the wearing of military equipment or clothing.

E1.31.18. Radiodermatitis (692.82).

E1.31.19. Scars (709.2). Scars so extensive, deep, or adherent that they may interfere with the wearing of military clothing or equipment, exhibit a tendency to ulcerate, or interfere with function. Includes scars at skin graft donor or recipient sites if in an area susceptible to trauma.

E1.31.20. Scleroderma (710.1).

E1.31.21. Tattoos (709.9). Tattoos that shall significantly limit effective performance of military service.

E1.31.22. Urticaria (708.8). Chronic.

E1.31.23. Warts. Planter warts (078.19) that are symptomatic.

E1.31.24. Xanthoma (272.2). If disabling or accompanied by hyperlipemia.

E1.31.25. Any other chronic skin disorder of a degree or nature, such as Dysplastic Nevi Syndrome (448.1), which requires frequent outpatient treatment or hospitalization, or interferes with the satisfactory performance of duty.

E1.32. SPINE AND SACROILIAC JOINTS (see also section E1.21., above)

The causes for rejection for appointment, enlistment, or induction are:

E1.32.1. Arthritis (720). (See subsection E1.9.1., above).

E1.32.2. Complaint of a disease or injury of the spine or sacroiliac joints with or without objective signs that has prevented the individual from successfully following a

physically active vocation in civilian life (724), or that is associated with pain referred to the lower extremities, muscular spasms, postural deformities, or limitation of motion.

E1.32.3. Deviation or curvature of spine (737) from normal alignment, structure, or function if:

E1.32.3.1. It prevents the individual from following a physically active vocation in civilian life.

E1.32.3.2. It interferes with the wearing of a uniform or military equipment.

E1.32.3.3. It is symptomatic and associated with positive physical findings and demonstrable by x-ray.

E1.32.3.4. There is lumbar scoliosis greater than 20 degrees, thoracic scoliosis greater than 30 degrees, and kyphosis or lordosis greater than 55 degrees when measured by the Cobb Method.

E1.32.4. Fusion. Congenital fusion (756.15), involving more than 2 vertebrae. Any surgical fusion (81.0P).

E1.32.5. Healed Fractures or Dislocations of the Vertebrae (805). A compression fracture involving less than 25 percent of a single vertebra is not disqualifying if the injury occurred more than 1 year before examination and the applicant is asymptomatic. A history of fractures of the transverse or spinous processes is not disqualifying if the applicant is asymptomatic.

E1.32.6. Juvenile Epiphysitis (732.6). That with any degree of residual change indicated by x-ray or kyphosis.

E1.32.7. Ruptured Nucleus Pulposus (722). Herniation of intervertebral disk or surgery for this condition.

E1.32.8. Spina Bifida (741). When symptomatic, or there is more than one vertebra involved, dimpling of the overlying skin, or a history of surgical repair.

E1.32.8. Spondylolysis (756.1) and Spondylolisthesis (738.4).

E1.32.10. Weak or Painful Back (724). Back condition requiring external support; that is, corset or brace. Recurrent sprains or strains requiring limitation of physical activity or frequent treatment.

### E1.33. SYSTEMIC DISEASES

The causes for rejection for appointment, enlistment, or induction are:

E1.33.1. Amyloidosis (277.3).

E1.33.2. Ankylosing Spondylitis (720).

E1.33.3. Eosinophilic Granuloma (277.8). Eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, shall not be a cause for rejection once healing has occurred. All other forms of the Histiocytosis X spectrum should be rejected.

E1.33.4. Lupus Erythematosus (710) and Mixed Connective Tissue Disease (710.9).

E1.33.5. Polymyositis/Dermatomyositis Complex (710).

E1.33.6. Progressive Systemic Sclerosis (710). Condition including CRST Variant. A single plaque of localized scleroderma (morphea) that has been stable for at least 2-years is not disqualifying.

E1.33.7. Reiter's Disease (099.3).

E1.33.8. Rheumatoid Arthritis (714).

E1.33.9. Rhabdomyolysis (728.9).

E1.33.10. Sarcoidosis (135). Unless there is substantiated evidence of a complete spontaneous remission of at least a 2 year duration.

E1.33.11. Sjogren's Syndrome (710.2).

E1.33.12. Tuberculosis (010).

E1.33.12.1. Active tuberculosis in any form or location, or substantiated history of active tuberculosis in the previous 2 years.

E1.33.12.2. One or more reactivations.

E1.33.12.3. Residual physical or mental defects from past tuberculosis that will prevent the satisfactory performance of duty.

E1.33.12.4. Individuals with a past history of active tuberculosis MORE than 2 years before appointment, enlistment, or induction are QUALIFIED if they have received a complete course of standard chemotherapy for tuberculosis. Additionally, individuals with a tuberculin reaction 10mm or greater and without evidence of residual disease are qualified once they have been treated with chemoprophylaxis.

E1.33.13. Vasculitis (446). Such as Bechet's, Wegener's granulomatosis, polyarteritis nodosa.

#### E1.34. GENERAL AND MISCELLANEOUS CONDITIONS AND DEFECTS

The causes for rejection for appointment, enlistment, or induction are:

E1.34.1. Allergic Manifestations (995.0). A reliable history of anaphylaxis to stinging insects. Reliable history of a moderate to severe reaction to common foods, spices, or food additives.

E1.34.2. Any Acute Pathological Condition. Those including acute communicable diseases, until recovery has occurred without sequelae.

E1.34.3. Chronic Metallic Poisoning. Poisoning with lead, arsenic, or silver (985), or beryllium or manganese (985).

E1.34.4. Cold Injury (991). Residuals of injury, such as frostbite, chilblain, immersion foot, trenchfoot, deep-seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis amputation of any digit, or ankylosis.

E1.34.5. Cold Urticaria (708.2) and Angioedema, Hereditary Angioedema (277.6).

E1.34.6. Filariasis (125), Trypanosomiasis (086), Schistosomiasis (120), Uncinariasis (126.9) or other parasitic conditions, if symptomatic or carrier state.

E1.34.7. Heat Pyrexia (992) Heatstroke (992), or Sunstroke (992). Documented evidence of a predisposition (including disorders of sweat mechanism and a previous

serious episode), recurrent episodes requiring medical attention, or residual injury (especially cardiac, cerebral, hepatic, or renal). Malignant Hyperthermia (995.89).

E1.34.8. Industrial Solvent and Other Chemical Intoxication (982).

E1.34.9. Motion Sickness (994.6). An authenticated history of frequent, incapacitating motion sickness after the 12th birthday.

E1.34.10. Mycotic (114) Infection of Internal Organs.

E1.34.11. Organ Transplant Recipient (V42).

E1.34.12. Presence of HIV-I or Antibody (042). That presence confirmed by repeatedly reactive enzyme-linked immunosorbent assay (ELISA) and positive immunoelectrophoresis (Western Blot) test, or other DoD approved screening and confirmatory test.

E1.34.13. Reactive Tests for Syphilis (093). Tests such as the RPR or VDRL followed by a reactive, confirmatory Fluorescent Treponemal Antibody Absorption (FFA-ABS) test, unless there is a documented history of adequately treated syphilis. In the absence of clinical findings, the presence of reactive RPR or VDRL followed by a negative FFA-ABS test is not disqualifying if a cause for the false positive reaction can be identified and is not otherwise disqualifying.

E1.34.14. Residual of Tropical Fevers. Fevers such as malaria (084) and various parasitic or protozoan infestations that prevent the satisfactory performance of military duty.

E1.34.15. Rheumatic Fever (390). That condition during the previous 2 years, or any history of recurrent attacks; Sydenham's chorea at any age.

E1.34.16. Sleep Apnea (780.57).

## E1.35. TUMORS AND MALIGNANT DISEASES

The causes for rejection for appointment, enlistment, or induction are:

E1.35.1. Benign Tumors (M8000). Those that interfere with function, prevent wearing of the uniform or protective equipment, shall require frequent specialized attention, or have a high malignant potential.



E1.35.2. Malignant Tumors (V10). Exception for basal cell carcinoma, removed with no residual. In addition, the following cases should be qualified, if on careful review they meet the following criteria: individuals who have a history of childhood cancer and who have not received any surgical or medical cancer therapy for five years and are free of cancer; individuals with a history of Wilm's tumor and germ cell tumors of the testis treated surgically and/or with chemotherapy in childhood after a 2-year disease-free interval off all treatment; individuals with a history of Hodgkins' disease treated with radiation therapy and/or chemotherapy and disease free off treatment for five years; individuals with a history of Large Cell Lymphoma after a 2-year disease-free interval off all therapy.

E1.36. MISCELLANEOUS

Any condition that, in the opinion of the examining medical officer, will significantly interfere with the successful performance of military duty or training (796).